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Sex, Drugs, and Rock Hard Mattresses

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Politics 270: Race and Criminal Justice

Professor Caparelli

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Since the spike in numbers of women in prison in approximately the 1980s, female prisons have been portrayed through a plethora of media channels, like movies, television shows, books, etc. Netflix's original drama series, "Orange Is the New Black," (OITNB), for example, portrays life inside women's prisons as romanticized and sensationalized, especially in regards to their access to quality healthcare. One popular story line of OITNB, features the character of Miss Rosa, who has cancer, being driven to the hospital multiple times a week for cancer treatment. In reality, many women in prison do not have the luxury of regular visits with medical professionals or access to treatment. Many diagnoses are made too late for successful treatment. The racial diversity seen on shows like OITNB is not at all reflective of the reality in the prison population. The majority of women in prison are not white like Piper, Alex, Red, and many of the other characters on OITNB. The large majority of women in prison are black and suffering from the lack of medical attention and gross indifference by prison healthcare systems. The institution of mass incarceration has become an additional system that promotes the indifference and oppression of women, specifically women of color, by neglecting their human right to basic healthcare in prison.

In the last four decades, the amount of incarcerated women has increased approximately 700% as a result of the war on drugs and women's roles in the patriarchal underworld. As opposed to males, a majority of female crimes are petty property crimes, nonviolent crimes, and poverty induced. There is a plethora of ways women get involved in crime. 70-80% of women in prison are single heads of their households, many being black women living below the line of poverty, and these single mothers often commit crimes like burglary to support their children (Steffensmeier & Allan, 1996). It is not uncommon for a woman to steal items like baby

food, jackets, etc. Women who are involved in the criminal underworld typically work as assistants or sidekicks to the alpha-males that they are often personally involved with. These women may be the ones delivering drugs, picking up money, or exploiting sex for some type of reward. It is common for these men to exploit and manipulate their female counterparts and their loyalty, leaving them unprotected when they get into trouble with the law. In the rare case that a woman commits a violent crime, it is usually against her abuser, yet she is often punished for it even though it was an explicit act of self-defense (Browne 1987). The most relevant reason for this epidemic, however, is the man-made war on drugs. Crack cocaine is a significantly cheaper drug option than cocaine, and created addicts out of many low-income communities (which typically were and still are mainly populated with people of color) when it was introduced in the U.S. in the 1980s (Braithwaite, Treadwell, & Arriola, 2005). Drug offenses skyrocketed, and right around this time, the amount of women in prison began to rise. The rate of increase of women in prison has surpassed the rate of increase of men in prison, especially in terms of women of color. The incarceration rate of black women in 1994 was 435 per 100,000, compared to 60 per 100,000 for white women (U.S. Department of Justice, 1998). The mass incarceration of women in the past forty years is a prime example of the criminalization of poverty, which is essentially synonymous to the criminalization of people of color.

More than half of the women who enter the prison system suffer from mental health conditions that require treatment, most commonly addiction and post-traumatic stress disorder as a result of histories of sexual or physical abuse in their childhood. The healthcare systems in prison fail to be cognizant of the diverse mental health statuses of their inmates, address their needs, and very often worsen the condition of their mental health. There is undoubtedly a cause-effect relationship between incarcerated women's pasts of sexual abuse, their mental health

conditions, and their drug use. Women, because of their uniquely imposed gender roles in society, are significantly more likely to be affected by sexual assault than men (Chesney-Lind & Shelden, 1992; Daly, 1994; Gilfus, 1993; Widom, 1989). Between 77%-90% of incarcerated women report extensive histories of emotional, physical, and sexual abuse (Messina & Grella, 2006). Women in prison are also 16 times more likely to have a psychiatric disorder (Enders, Paterniti, & Meyers, 2005) than women in the general population and it has been proven across multiple studies that childhood abuse correlates positively with adult mental health problems, homelessness, unemployment, and addiction (Messina & Grella, 2006). Studies show that most often, the abusers of young girls are family members, neighbors, family friends, or people close to the child (U.S. Department of Health and Human Services, 2013). This means that these young victims cannot go to a parent or close adult to seek help. Additionally, because most of these women are impoverished and were impoverished during their childhood, they do not have the resources to seek appropriate medical help. Although community-based health systems exist, these young women frequently lack resources as fundamental as transportation to get them there (Messina & Grella, 2006). Instead, these young girls run away from home and begin using drugs to treat their pain. Feeding an addiction eventually gets expensive, and men who rule the world of crime recognize the vulnerability of these young women. This is how many young women get involved in sex work and prostitution, as well as other crimes that are common amongst females like stealing and minor property crimes. Another typical introduction to drugs is through teenage dating. It is not uncommon for women to start using because of the influence of a boyfriend/partner (Incardi, Lockwood, & Pottieger, 1993; Pettiway, 1987). Additionally, childhood sexual/physical abuse does not necessarily stop when the young girl leaves home; sexual/physical abuse usually continues into adulthood, (BJS 1998, Comack

1996; Faith, 1993; Heney & Kristiansen; 1998; Maeve, 1999; Richie & Johnsen, 1996) furthering the likelihood that they abuse drugs, struggle with mental health, become homeless, and eventually become incarcerated.

A majority of incarcerated women come into the prison with documented mental health conditions, but very few have received substantial counseling or long-term treatment (Fogel, 1993; Henderson, Schaeffer, & Brown, 1998; Jemelka, Trupin, & Chiles, 1989; Maeve, 1997, 1999). Mental health disorders, unlike physical disorders, cannot be treated with a round of antibiotics. There is no short term treatment, and for most mental health disorders, no cure. Patients need to be on medication for the rest of their lives, in combination with talk therapy and counseling. Granted that these women who have not continued to be treated after their initial diagnosis are mostly impoverished women of color, it is no surprise that they end up imprisoned. Prison is a traumatizing space for anyone to be in, let alone someone with preexisting anxiety, depression, addiction, or PTSD. In prison, the very few women that receive any mental health treatment only receive temporary treatment to reduce symptoms (Lovell & Jemelka, 1998, Maeve 1999). There is no follow-up, no counseling, and no support or encouragement. As many of the incarcerated women are victims of childhood abuse, they have extremely low self-esteem, are angry, and due to their circumstances of inaccessibility to education for a multitude of reasons, many women in prison are illiterate (Maeve, 1999). They cannot advocate for themselves, express their concerns, or verbalize their needs. In the cases that they do, it is very rare that anyone listens to them because they are part of a forgotten population. For this reason, women start acting out violently. Rather than recognizing this as a result of their pre-existing mental health conditions and histories of abuse, prison guards (who are mostly male and have no gender-specific training) respond violently and trigger even more violent responses from the

women. Additional to the militarized treatment women receive in prison, they are also subject to more abuse and are regularly sexually assaulted by prison staff, including guards and medical professionals (Chesney-Lind, 1997; "Nowhere," 1998; Amnesty International, 1999). Guards regularly use strip searches as a way to sexually assault incarcerated women. If the woman tries to complain, she will likely face further harassment and violence from the guard that assaulted her the first time. While prison has such a unique ability to rehabilitate prisoners because of the inpatient-like circumstances, it instead turns into further abuse and punishment. Angela Davis described prison as “a space in which the threat of sexualized violence that looms in the larger society is effectively sanctioned as a routine aspect of the landscape of punishment behind prison walls”.

In both male and female prisons, many of the inmates, especially incarcerated women of color, enter prison with a sexually transmitted disease or infection. However, a large number of inmates are not aware that they have the infection(s). STIs are more prevalent in incarcerated women than men because of their unique criminal behaviors that often involve some type of sex acts, and are also more prevalent amongst black women than white women (Cavanaugh et al., 2011). Black women are not engaging in riskier sex than white women, and studies at a California women’s prison showed that the black women who had a lifetime STI were more educated than their white counterparts and began having sex later in life than their white counterparts. The real difference between the two races of women were their risk factors: black women were more likely to contract an STI from having casual sex, while white women were more likely to contract an STI when having sex in return for drugs (Braithwaite et al. 2005). Typically, people have sex within a certain “network” of people. For black women, this network consists of black men and/or women, while for white women it consists of white men and/or

women. Black men have a much higher chance of being incarcerated at some point in their lives, and prison is where many people contract STDs and/or HIV and don't even know it because of the lack of medical care within prisons. When they leave prison, they return to their communities and have sex with people within their "network", therefore spreading the disease(s) they contracted while behind bars. The black women they have sex with then contract the infection(s) from them, and because of their lack of access to medical care, do not get diagnosed and go into prison not knowing that they have a venereal disease. Testing for venereal diseases is not unheard of in prison, however it is not regular the way it should be and is not done efficiently or effectively. Even on the occasion that a woman does get tested, she may not get her results back for as long as a year. There is no reason for that long of a wait, the only cause is the indifference of medical professionals to female inmates in the prison system (Hill, 2002). Without acknowledging the major infections and diseases incarcerated women are facing, the prison industrial complex is creating an epidemic of HIV, STIs, and AIDS in many low-income and black communities.

In the prison system, women are treated much like men and the very many gender differences in their biological health are not at all considered by prison guards and medical staff. Women have been proven to have more medical needs and medical problems than men. By their sheer anatomy, women's health constitutes breast and cervical health, vaginal health, sexual health, menopause, menstruation, and pregnancy (W.H.O. 2013). Seeing a gynecologist yearly is crucial, as women require yearly pap smears to check cervical health and breast examinations to check for cancer. Sexually active women also get checked for STIs and other venereal diseases. When women are pregnant, prenatal care is essential. Prenatal care includes vitamins, a nutritious diet, physical activity, regular ultrasounds and screenings by an

obstetrician/gynecologist, and a birthing plan. Even less complex than pregnancy is a woman's monthly period. Women menstruate every month for an average length of a week, in which they require sanitary pads at the very least. Many women prefer tampons, use pH regulating wipes and washes to help them feel more comfortable, and use ibuprofen for cramps, which can be debilitating (Finkelstein & von Eye, 1990; Grandi, 2012.). Later in life, when a woman goes through menopause, she requires guidance from a medical professional as so much is changing with her body and hormones.

In prison, incarcerated women do not have regular access something as simple as sanitary pads. Women in the general population typically use anywhere from 10-40 pads per cycle, but incarcerated women are given five free pads every month and are expected to buy the rest from commissary (Hill, 2002). This is often how guards coerce sex out of female inmates; the incarcerated women are required to ask male guards for more sanitary pads, and the guard will sometimes give them these pads in exchange for sex. Not only is this humiliating, but having to ask for something so intimate from a male guard can be extremely damaging to women with histories of sexual abuse. Even more humiliating, often times, are visits with the medical professionals in the prisons. First of all, incarcerated women do not have the right to choose whether they want to be seen by a male gynecologist or a female gynecologist. Seeing a gynecologist is often intimidating for women because of how intimately they are being examined and how physically uncomfortable it may be. Incarcerated women who have received pap smears have reported that it is not private, with no curtains covering the glass windows. They've also reported that it is extremely painful and dehumanizing, because the speculums they use in prison are quite large. These gynecologic examinations are also the site of many sexual assaults of incarcerated women, with the abusers being the very physicians they're supposed to trust

(Braithwaite et al., 2005). The medical staff has no regards for female inmates' comfort and absolutely no respect for the women's bodies.

In terms of medical testing, there are multiple accounts of women getting pap smears but not receiving their results for as long as a year, or receiving results of a mammogram after so long that it's too late and the cancer has progressed too far (Hill, 2002). Too many women die in prison because of things that could have been prevented with timely diagnoses and treatment, but the prison physicians responsible for their healthcare disregarded their needs and wellbeing.

Treatment of pregnant women in prison is a whole other atrocity. 5-6% of incarcerated women are pregnant when they first go into correctional facilities (Ferszt & Clarke, 2012). Many of the pregnant women who are incarcerated were at high-risk in terms of their pregnancies even before entering prison. Most of the pregnancies are unplanned. Many of the mothers lacked health to prenatal care, struggled with domestic violence, poverty, drug abuse, sexual abuse, or mental illness (Ferszt & Clarke, 2012). Once they arrive in prison, these conditions barely improve. Women in prison do not receive proper nutrition, are not in a healthy and sanitary environment, are denied an extra mattress, and receive little to no education and psychosocial support. When it comes to delivery, all incarcerated women that are delivering are strapped down in 5 places: across their chest, on both arms, on both legs. Not only is this incredibly uncomfortable and unnecessary, but doctors have agreed it is such a danger to both the mother and the baby. If there is an emergency of some kind and either the mother or child needs to be helped, being strapped down makes it extremely difficult for the doctor and risky for all involved. From a human standpoint, to be strapped down while going through one of the most painful life experiences is extremely unethical. Labor is excruciating, and the odds of a woman getting up and escaping while in labor or even mustering the strength to brutally attack someone

is slim. This is common sense—it does not take a professional to dictate that a woman in labor is not capable of escaping or assaulting a prison guard. If prison staff finds that chaining is so important, it should be done on only the most dangerous of prisoners. A woman who is in prison for a nonviolent crime, like most women are, there is absolutely no need to treat her like an animal being strapped down for a rabies vaccine. Once the baby is born, women are strongly discouraged from breast feeding. Most prisons do not allow the babies to stay in the prison with the mother or in a nursery on site, so the children of incarcerated women go to foster care or, even worse, are placed in the custody of the same family that abused their mother (Freszt & Clarke, 2012). By not recognizing women's specific healthcare needs, the prison industrial complex is putting generations of people and their futures in danger.

Incarcerated women of color, specifically black women, experience everything that all incarcerated women do but amplified. Black women in the general population are at higher risk for health issues because of the fact that many black women are marginalized and get paid less than their white counterparts. They also have a greater chance of being infected with an STI because of their sexual network and the disproportionate amount of black men in the prison system, and because of their lack of access to healthcare (Jacob Arriola, Borba, & Thompson, 2007). Entering prison only makes all of these preexisting factors even worse and further marginalizes women of color. Prison, at the root, was intended to be a form of correction and rehabilitation for members of society who acted out of turn and were a danger to themselves or others. What it has turned into, after the end of the Jim Crow Laws in 1954, is the new Jim Crow and the new system of oppressing people of color. In prison, inmates are punished for being women. They are denied access to proper menstrual supplies, proper hygiene, proper healthcare visits, and are sexually victimized and terrorized in what is called a “correctional facility”.

Prisons have been

strategically placed in desolate parts of the country in hopes that the people who occupy them will be “out of sight, out of mind”. Women in prison are genuinely a forgotten population. While television shows and movies about women in prison may be entertaining and are promised to be “based on a true story”, this cannot distract from the reality of female prisoners in the United States. Women in prison are being assaulted, dehumanized, sexually terrorized, and stripped of their agency every single day, while the outside world continues to relish the false, sensationalized narrative of women’s lives in prison that the mainstream media capitalizes on.

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Note: in-text citations and references have been edited to make them more closely conform to APA citation style.
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